



# APPLICATION FOR APPOINTMENT AS DEPUTY COMMISSIONER OF CIVIL MARRIAGES

PURSUANT TO CALIFORNIA FAMILY CODE SECTION 401b  
(This document is not a public record)

Name of applicant \_\_\_\_\_

Occupation \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

THIS COMMISSION APPLICATION IS FOR: (Please circle one)

1. A one-day, one event commission. Date of ceremony: \_\_\_\_\_

Place of ceremony \_\_\_\_\_

Groom's name: \_\_\_\_\_

Groom's address: \_\_\_\_\_

Bride's name: \_\_\_\_\_

Bride's address: \_\_\_\_\_

2. A fixed time period beginning \_\_\_\_\_ and expiring on \_\_\_\_\_

Please briefly explain why you seek appointment as a commissioner of civil marriages  
in San Bernardino County.

\_\_\_\_\_  
\_\_\_\_\_

How did you become aware of this county's Deputy Commissioner of Marriages

Program? \_\_\_\_\_

Applicants must be at least 18 years of age.

"I certify (or declare) under penalty of perjury under the laws of the State of  
California that the foregoing is true and correct."

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of applicant)

RETURN COMPLETED FORM AND \$75.00 FEE AT LEAST 6 WEEKS IN ADVANCE  
TO:

Larry Walker, Auditor/Controller-Recorder  
County Clerk  
222 W. Hospitality Lane  
San Bernardino, CA 92415-0022

Approved: \_\_\_\_\_  
L.W.